

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90341 023 ***150.00

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1. Entity Name
JALOM DEVELOPMENT CORPORATION

Principal Place of Business
**1390 BRICKELL AVENUE, SUITE 200
MIAMI FL 33131**

Mailing Address
**1390 BRICKELL AVENUE, SUITE 200
MIAMI FL 33131**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1132397**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CASTILLO, ALVARO B ESQ.
CASTILLO & ASSOCIATES
1390 BRICKELL AVENUE, SUITE 200
MIAMI FL 33131**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	TEPLIXKE, PABLO R	
STREET ADDRESS	1390 BRICKELL AVENUE, SUITE 200	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEVIN DE TEPLIXKA, BEATRIZ G	
STREET ADDRESS	1390 BRICKELL AVENUE, SUITE 200	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	TEPLIXKE, MARIELA	
STREET ADDRESS	1390 BRICKELL AVENUE, SUITE 200	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	TEPLIXKE, ADRIANA	
STREET ADDRESS	1390 BRICKELL AVENUE, SUITE 200	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	TEPLIXKE, GUSTAVO	
STREET ADDRESS	1390 BRICKELL AVENUE, SUITE 200	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	D	<input type="checkbox"/> Delete
NAME	TEPLIXKE, ANA CECILIA	
STREET ADDRESS	1390 BRICKELL AVENUE, SUITE 200	
CITY-ST-ZIP	MIAMI FL 33131	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alvaro Castillo	
STREET ADDRESS	1390 Brickell Avenue, Suite 200	
CITY-ST-ZIP	Miami, FL 33131	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED: Castillo **4/29/03** **(305) 371-5540**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)